

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90327 011 ****61.25

DOCUMENT # 741466

1. Entity Name

RIVER SHORES EAST PROPERTY OWNERS
ASSOCIATION, INC.



Principal Place of Business

585 SPINDLE PALM DR.
P O BOX 33322
INDIALANTIC FL 32903

Mailing Address

585 SPINDLE PALM DR.
P O BOX 33322
INDIALANTIC FL 32903



2. Principal Place of Business

536 Solitaire Palm Dr.
Suite, Apt. #, etc.

P.O. Box 03322

City & State

INDIALANTIC

Zip

32903

Country

BREVARD

3. Mailing Address

P.O. Box 033322

Suite, Apt. #, etc.

City & State

INDIALANTIC FL

Zip

32903

Country

BREVARD

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2932016

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOK, ROLAND
585 SPINDLE PALM DRIVE
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VD
NAME BACHINSKY, GORDON
STREET ADDRESS 507 LATANIA PALM DRIVE
CITY-ST-ZIP INDIANATLANTIC FL 32903 ☐ Delete

TITLE PD
NAME COOK, ROLANO
STREET ADDRESS 585 SPINDLE PALM DR
CITY-ST-ZIP INDIANALANTIC FL 32903 ☐ Delete

TITLE S
NAME SLECHTA, SUSAN
STREET ADDRESS 577 SPINDLE PALM DRIVE
CITY-ST-ZIP INDIANALANTIC FL 32903 ☐ Delete

TITLE D
NAME CALHOUN, LINDA
STREET ADDRESS 536 SOLITAIRE PALM DR.
CITY-ST-ZIP INDIANALANTIC FL 32903 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD
NAME Hughes, Lonnie
STREET ADDRESS 501 Latania Palm Dr.
CITY-ST-ZIP INDIANALANTIC, FL 32903 ☒ Change ☐ Addition

TITLE PD
NAME HOFFMAN, JAYNE
STREET ADDRESS 516 LATANIA Palm Dr
CITY-ST-ZIP INDIANALANTIC, FL 32903 ☒ Change ☐ Addition

TITLE S
NAME Chamberlain, Bob
STREET ADDRESS 544 Solitaire Palm Dr
CITY-ST-ZIP INDIANALANTIC, FL 32903 ☒ Change ☐ Addition

TITLE T
NAME CALHOUN, LINDA
STREET ADDRESS 536 Solitaire Palm Dr.
CITY-ST-ZIP INDIANALANTIC, FL 32903 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda C. Calhoun

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-05

321-676-2121

Date

Daytime Phone #